

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<b>OR</b>	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	P00870-US-00
	First Named Inventor			GIBBONS	
	<b>COMPLETE IF KNOWN</b>				
	Application Number		/		
	Filing Date				
	Group Art Unit				
				Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CUSTOMER INFORMATION CARD GAME

(Title of the Invention)

the specification of which

☒ is attached hereto

**OR**

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby appoint the practitioners at Customer Number 22446 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

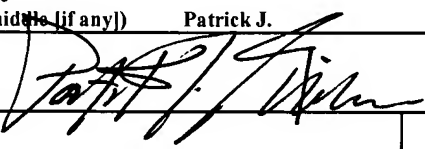
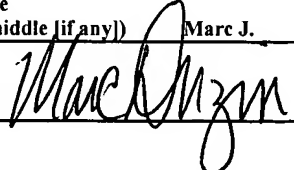
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		31835		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>Russell E. Fowler, II</b>							
Address <b>ICE MILLER, One American Square, Box 82001</b>							
City <b>Indianapolis</b>				State <b>IN</b>		ZIP <b>46282-0002</b>	
Country <b>USA</b>				Telephone <b>(317) 236-5804</b>		Fax <b>(317) 592-4652</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle if any) <b>Patrick J.</b>				Family Name or Surname <b>Gibbons</b>			
Inventor's Signature 						Date	
Residence: City <b>Indianapolis</b>				State <b>IN</b>		Country <b>USA</b> Citizenship <b>US</b>	
Mailing Address <b>5250 North Capitol Avenue</b>							
City <b>Indianapolis</b>				State <b>IN</b>		ZIP <b>46208</b> Country <b>USA</b>	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle if any) <b>Marc J.</b>				Family Name or Surname <b>Drizin</b>			
Inventor's Signature 						Date	
Residence: City <b>Noblesville</b>				State <b>IN</b>		Country <b>USA</b> Citizenship <b>US</b>	
Mailing Address <b>664 Dogwood Court</b>							
City <b>Noblesville</b>				State <b>IN</b>		ZIP <b>46060</b> Country <b>USA</b>	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box ,,, , ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> <b>Page 3 of 3</b>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Elizabeth		Kyzr-Sheeley	
Inventor's Signature <i>Elizabeth Kyzr-Sheeley</i>		Date	
Residence: City Carmel	State IN	Country USA	Citizenship US
Mailing Address 3971 Chadwick Drive			
Mailing Address			
City Carmel	State IN	ZIP 46033	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Bradley D.		Linville	
Inventor's Signature <i>Bradley D Linville</i>		Date 3/28/04	
Residence: City Carmel	State IN	Country USA	Citizenship US
Mailing Address 3296 Allison Court			
Mailing Address			
City Carmel	State IN	ZIP 46033	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Sonya		McAllister	
Inventor's Signature <i>Sonya McAllister</i>		Date	
Residence: City Del Mar	State CA	Country USA	Citizenship US
Mailing Address 13213 Mango Drive			
Mailing Address			
City Del Mar	State CA	ZIP 92014	Country USA

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.